			AA S Wembership Form	1947 BOY
1.	Applicant's Name(Real Name)		Applicant's Name	
2.	Media Name		Media Name	
3.	Member Status		☐ New Member Reg. ☐ Renewal Membership No. if Renewal Member No.	
4.	Gender	6	☐ Male ☐ Female	
5.	Father's / Husband's name	1	Father/Husband Name	
6.	Date of Birth & Blood Group		DOB	Blood Group
7.	Communication address		Communication Address	
8.	PAN No. and Aadhaar No.	1,	PAN Number	Aadhaar Number
9.	Passport No. & Nationality		Passport No.	Nationality
10.	Mobile Numbers & WhatsApp No.	17	Mobile No.	WhatsApp No.
11.	Email ID & Place of Birth	16	Email ID	Place of Birth
12.	Membership Types		1.Regular 2.Classic 3.Premier 4.Associate (2-Contest in Joint Level, 3-Contest in State Level, 4-Contest in Zonal Level of Nation)	
13.	Membership Category		Artist   Junior Artist   Anchor   Character Artist   Child Artist   Comedian   Lead Artist   Dancer   Villain   Action Director   Art   Director   Asst. Director   Editor   Model   Lighting Technician   Casting   Director   Choreographer   Cinematographer   Costume Stylist   Photographer   Color Correction   Director   D.O.P.   Dubbing Artist   Fiction Director   Camera Asst.   Graphic Designer   Hair Stylist   Costume Designer   Lighting Manager   Make-Up Artist   Music   Director   Coordinator   Stuntman   Fight Master   Line Producer   Production Controller   Production Manager   Light Man   Others   Others   Others   Others	
14.	Details of Membership of any Association :		Name of Association	Membership No.
15.	Language Known	:	3. Read Write [	☐ Speak ☐ Speak ☐ Speak ☐ Speak
16.	Other Details	1		
	Declaration : I have	dec	lare that the above details are tr	ue with my knowledge

#105,1st Floor, Community Centre, Sagar Plaza-II, Pitampura, Delhi-110 034. www.fiaaindia.org Email:-admin@fiaaindia.org #1/144, 1<sup>st</sup> Floor, Opp. Mother Care Bazaar, Pillaiyar Koil Street, Old Kelambakkam, Chennai, Tamilnadu-603103, PH:9940088574

Date:

Applicant's signature



## Annexure - I

## CONTACT DETAILS OF PERSON ( Relation / Manager / PRO / PA etc.) TO BE CONTACTED, IF ANY

Name of the Person to be Contacted Mr./Mrs./Miss.					
Relationship:					
Landline No.:	_ Mobile No.:				
WhatsApp No.:	_ Relation No.:				
Signature of Applicant	Contacted Person's Signature				
Please let us know if you have anything to say:					
Date :-					
Signature of Applicant					



## Annexure - II

## Please give me the full details for your Donations

(Tax Benefits Under Section 80G)

Name of the Bank:	Branch Name:					
Account No:	IFSC Code:					
Amount: Rs.	( in Words					
By DD / Cheque / UPI / RTGS / NEFT	/ GPay / Any other Way.:					
Transaction No.:	Date.:					
PAN Card No.						
Signature of Applicant :						
Contacted Person's Signature :						

Note:- Donation never be return at any circumstances, You will get Donation receipt when payment will be cleared. You can claim tax exempt by 80G.